

Social Activity Measure April 5th (Period Covered: March 29th – April 5th)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection and COVID-19 guidelines. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study records people's level of social activity and degree of caution, as well as how they perceive the ongoing pandemic. The research is funded by the Department of the Taoiseach.

Method

SAM is a "prompted recall" study that uses methods from behavioural science to help people recall their activities. It asks about times when people left their homes via factual neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The survey then asks questions about people's vaccination status and intentions, as well as some broader questions about perceptions, plans and expectations.

This report presents results from a nationally representative sample of 1,000 adults surveyed between March 29th and April 5th 2022 – the thirty-first round of the study. Data have been collected fortnightly since the week of January 25th 2021. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Findings

Where differences are highlighted, they are statistically significant ($p < .05$) unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Ahead of the data collection period in late March, hospitalisations had been rising and concerns had been expressed by some members of the medical profession about the impact on the healthcare system. However, hospitalisations stopped rising as data collection began and fell thereafter.

1. *The level of social activity remained unchanged*

People's social activity has trended upwards since January, but was largely unchanged this round of SAM compared to the previous round in mid-March (Slides 3 to 10). Domestic and international travel was higher than one month previously (Slide 6). There were no meaningful changes in the patterns of locations visited (Slides 3 to 5), close contacts (Slides 7 to 9) or people met (Slide 10), except for some substitution between hospitality venues and workplaces, due to the fact that the previous round had covered the St Patrick's Day holiday.

2. *Mask wearing and other mitigation behaviours stabilised*

A sharp reduction in mitigation behaviours (wearing masks, keeping 2m distance, etc.) had followed the lifting of the legal requirement to wear facemasks in shops and on public transport on February

¹ See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

28th (although mask-wearing remains advised on public transport, in healthcare settings and in crowded indoor locations). The fall did not continue this round, with mitigation behaviours stabilising at a lower level (Slide 11). The large falls in mask-wearing in shops, on public transport and in workplaces all levelled off (Slide 12), albeit that people continue to report their own behaviour as much more cautious than the behaviour of others around them. Self-reported compliance with public health guidance recovered somewhat after recent falls (Slide 13).

3. Most workers are satisfied with the return to workplaces, but a substantial minority are not

The proportion of workers working from home has fallen since January to less than 20% in this latest round of SAM (Slide 14), with a fairly even split between reverting to pre-pandemic work patterns and attending the workplace less than pre-pandemic. In total, 26% of workers now report a pattern of reduced attendance, indicating substantial hybrid working. Most workers are happy with their arrangements, but approximately one-quarter are not and would like to attend work less or work from home. One-in-six workers say they are required to attend even though the job can be done from home – a substantial increase since January.

4. Large increase in worry about the healthcare system

Overall worry about COVID-19 increased steadily after hospitalisations began to rise again in early March (Slide 15). This pattern was driven by sharply increasing worry about the healthcare system over the past month (Slide 16). This latest round recorded the first increase in the extent to which people are following the news about COVID-19 since January (Slide 17). Although better news about hospitalisations began to emerge during the data collection period, some time-lag between the figures and any public response is likely.

5. Self-reported wellbeing recovered but long-term expectations became more pessimistic

Following a very sharp drop in the last round of SAM, self-reported wellbeing recovered (Slide 18), despite increasing pessimism about the time-scale for exiting the pandemic altogether (Slide 19). This pattern repeats what was observed when expectations became more sharply pessimistic in early 2021: a drop in wellbeing accompanied the change in expectations, but was more transitory.

6. Increased proportion want stronger response, but support for public health effort remains solid

The proportion of people who think the government response to COVID-19 is insufficient climbed to 42%, although a greater portion (49%) stated that the response is appropriate (Slide 20). A large majority continue to support the public health effort overall, with the increase in support among younger people during 2022 stabilising (Slide 21).

7. Willingness to take booster vaccines remains high but has fallen, especially among those with lower overall worry

The proportion willing to take booster vaccines remains high (84%), but has fallen (Slide 22). There is a strong link between unwillingness to take a booster vaccine and overall worry about COVID-19.